



DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name:

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FIBER OPTIC POINT TEMPERADTURE SENSOR

the specification c	of willen is attached here	to unless the following	g box is check	eu
	on <u>March 25, 2004</u> as A			
	state that I have review cation, including the cla			
	edge the duty to disclose in accordance with 37 (s material to the	he examination
any foreign appl international appl listed below and l	laim foreign priority be ication(s) for patent or ication which designated have also identified below International applications claimed:	inventor's certificated at least one country ow any foreign applicated	te, or §365(a other than the ation for pater	of any PCT United States, it or inventor's
PRIOR FOREIGN/PCT APPLICATION(S)				
COUNTRY/OFFICE	APPLICATION NO.	DATE OF FILING	PRIORITY	CLAIMED
			□YES	NO □
-	<i>1.</i>		□YES	NO □
			□YES	NO □

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

PROVI	SIONAL	APPLICA	TION N	UMBER
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I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s) or §365(c) of any PCT International application(s) designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose material information as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 25 U.S.C. §120

Status (check one)

Application Serial No.	Date of Filing	Patented	Pending	Abandoned

And I hereby appoint Arthur H. Seidel, Registration No. 15,979; Gregory J. Lavorgna, Registration No. 30,469; Daniel A. Monaco, Registration No. 30,480; Thomas J. Durling, Registration No. 31,349; John J. Marshall, Registration No. 29,671; Joseph R. Delmaster, Jr., Registration No. 38,399 and Robert E. Cannuscio, Registration No. 36,469, my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to Drinker Biddle & Reath LLP, One Logan Square, 18th & Cherry Streets, Philadelphia, PA 19103-6996. Address all telephone calls to **Daniel A. Monaco**, (215) 988-3309 (telefax: (215) 988-2757).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR

SUBHASH	CHANDER	JAIN
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	(FAMILY OR LAST NAME)
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(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	
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FULL NAME OF SOLE OR THIRD INVENTOR **GOPAL CHANDRA PODDAR** (GIVEN NAME) (FAMILY OR LAST NAME) (MÌDDLE INITIAL OR NAME) Inventor's signature: Date: Country of Citizenship: India Residence: Chandigarh India (City) (State or Foreign Country) **Post Office Address:** Central Scientific Instruments Organization Sector 30 Chandigarh 160 030, India FULL NAME OF SOLE OR FOURTH INVENTOR **RAJNEESH** (GIVEN NAME) (MIDDLE INITIAL OR NAME) (FAMILY OR LAST NAME) Inventor's signature: Country of Citizenship: ___India Residence: Chandigarh India (State or Foreign Country) Central Scientific Instruments Organization **Post Office Address:** Sector 30

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FULL NAME OF SOLE OR FIFTH INVENTOR

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